

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/513,997

FILING DATE

02-26-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52	1					
3		1					53	1					
4		1					54	1					
5	1						55		3				
6	1						56		3				
7	1						57		3				
8	1						58						
9	1						59						
10	1						60						
11		3					61						
12		3					62						
13		4					63						
14		4					64						
15		3					65						
16	1						66						
17		1					67						
18		1					68						
19		1					69						
20		8					70						
21		8					71						
22		8					72						
23		8					73						
24		8					74						
25		8					75						
26		8					76						
27		8					77						
28		8					78						
29		8					79						
30	1						80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36	1	1					86						
37	1						87						
38	1						88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		8					95						
46		8					96						
47		8					97						
48		8					98						
49		8					99						
50		8					100						
TOTAL IND.	14						TOTAL IND.						
TOTAL DEP.	186						TOTAL DEP.						
TOTAL CLAIMS	200						TOTAL CLAIMS						